

FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, D.C. 20554BASIC SIGNAL LEAKAGE PERFORMANCE REPORT
FORM 320

Approval Date: Oct 24, 2018 Filing Year: 2018 Confirmation Number:

SECTION I -- GENERAL INFORMATION

- (1) Cable System Owner: COMCAST OF CAROLINA INC
Phone Number: (215) 286-7454
Address: ONE COMCAST CENTER
P.O. Box
PHILADELPHIA PA 19103
(City) (State) (Zip)
- (2) Community Served: NORTH CHARLESTON
- (3) Community Unit No.: SC0048
- (4) Physical System Id: 007684

SECTION II -- LOCAL SYSTEM INFORMATION

- (1) Person(s) Responsible for the Report:
Name: Smith Sheila (M)
(Last) (First)
Phone Number: (215) 286-7454
Address: One Comcast CenterOne Comcast Center
P.O. Box
Philadelphia PA 19103
(City) (State) (Zip)
- (2) Are aeronautical frequencies (108-137 or 225-400 MHz) used by this cable television system? **Yes**
- (3) TEST RESULTS: CLI: 10LogIoo: _____ 10LogI3000: _____
Airspace:

SECTION III -- LEAKAGE PERFORMANCE CRITERIA

For operators conducting measurements on a geographical area that contains more than one Community Unit (e.g., headends that serve more than one Community Unit) fill in the measurement information below. NOTE: The submission of the accompanying exhibits, either B or C, may be incorporated by reference to another Community Unit filing that had undergone the same measurement tests as this community Unit. That Community Unit must be identified by its Community Unit Code Number in response to Question (2) or (4) below.

(1) **GROUND-BASED MEASUREMENTS:** (if used)

- (a) Person(s) Responsible for the test:

Name: _____
(Last) (First) (M)

Phone Number: () - _____

- (b) Miles of plant tested and % of total plant tested: _____ m; _____ %

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SECTION III -- LEAKAGE PERFORMANCE CRITERIA (Continued)

- (c) Time period of the test: From: _____ To: _____
(mm/dd/yy) (mm/dd/yy)
- (d) Equipment Used: _____ (Mhz)
(Make) (Model) (Test Frequency)
- (e) Attach as **Exhibit B**, the CLI calculations & Result including all parameters used. Identify in this Exhibit all leaks ≥ 50 uV/m, and show their repaired dates, if any...

(2) AIRSPACE MEASUREMENTS: (if used)

- (a) Person(s)/Company Responsible for the test:
Name: _____ 133.2625 (Mhz)
(Last) (First) (M) (Test Frequency)
Phone Number: (734) 660-3357
- (b) Time period of the test: From: 10/12/2018 To: 10/12/2018
(mm/dd/yy) (mm/dd/yy)
- (c) Attach as **Exhibit C**, a full description of the test procedure, a list of the equipment used for the airspace measurement and a detailed description of the area covered by these airspace measurements (set forth in this Exhibit all leaks detected during these airspace measurements that were subsequently repaired and their repair dates, if any).
- (d) Recorded data and its analysis:
- (i) If analog recordings, include in **Exhibit C** a graph of the results and indicate the value of the smoothed out peak values 0.14 uV/m.
 - (ii) If digitized recordings, include in **Exhibit C** a plot of the results and indicate the % of points recorded digitally below 10 uV/m: 98.1000 %

SECTION IV -- CERTIFICATION

By signing below the operator certifies that, in the case of an individual operator, he or she is not subject to a denial of federal benefits that include FCC benefits pursuant to section 5301 of the Anti-Drug Abuse Act of 1988, 21, U.S.C. 862, or, in the case of a non-individual operator (e.g., corporation, partnership or other unincorporated association), no party to the operator is subject to a denial of federal benefit that includes FCC benefits pursuant to that section. For the definition of a 'party' for these purposes, see 47 CFR, Section 1.2002(b).

I certify that I am **Director, Operations Compliance** (Official Title) of **COMCAST OF CAROLINA INC** (Legal Name of cable System Owner), that I have examined this report and that, to the best of my knowledge and belief, all statements in this report are true, correct and complete, and are made in good faith.

Signed:

Signed on: 10/24/2018

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, §1001) AND /OR REVOCATION OF ANY STATION LICENSE (U.S. CODE, TITLE 47, §312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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Operator Comments



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Community Units Included in this Report

<u>CUID</u>	<u>Community Name</u>	<u>PSID</u>
SC0048	NORTH CHARLESTON	007684
SC0043	CHARLESTON	007684
SC0050	CHARLESTON	007684
SC0068	BERKELEY	007684
SC0136	HANAHAN	007684
SC0139	CHARLESTON AFB	007684
SC0140	GOOSE CREEK	007684
SC0141	MOUNT PLEASANT	007684
SC0154	SUMMERVILLE	007684
SC0156	US NAVAL WEAPONS STA	007684
SC0181	SULLIVAN'S ISLAND	007684
SC0182	ISLE OF PALMS	007684
SC0223	SEABROOK ISLAND	007684
SC0256	FOLLY BEACH	007684
SC0270	JOHNS ISLAND	007684
SC0279	HOLLYWOOD	007684
SC0281	RAVENEL	007684
SC0302	KIAWAH ISLAND	007684
SC0316	CHARLESTON	007684
SC0327	EDISTO BEACH	007684
SC0354	WILD DUNES	007684
SC0397	US NAVAL BASE	007684
SC0422	AWENDAW	007684
SC0542	ISLE OF PALMS	007684
SC0546	DUNES WEST	007684
SC0581	MEGETT	007684
SC0596	MOUNT PLEASANT	007684
SC0597	CHARLESTON	007684
SC0603	ROCKVILLE	007684
SC0664	TOWN OF JAMES ISLAND	007684
SC0706	DORCHESTER COUNTY	007684

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Exhibit A -- Aeronautical Frequencies (MHz)

109.2750
115.2750
121.2625
127.2625
133.2625
229.2625
235.2625
241.2625
247.2625
253.2625
259.2625
265.2625
271.2625
277.2625
283.2625
289.2625
295.2625
301.2625
307.2625
313.2625
319.2625
325.2625
331.2750
337.2625
343.2625
349.2625
355.2625
361.2625
367.2625
373.2625
379.2625
385.2625
391.2625
397.2625